

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
and
CHANGE OF CORRESPONDENCE
ADDRESS**

<i>Application/Patient Number</i>	6,960,179 B2
<i>Filing/Issue Date</i>	November 1, 2005
<i>First Named Inventor/Patentee</i>	Victor Gura
<i>Confirmation Number</i>	5267
<i>Group Art Unit</i>	3762
<i>Examiner Name</i>	Deak, Leslie R.
<i>Attorney Docket Number</i>	3806.1025-000

Title Wearable Continuous Renal Replacement Therapy Device

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the following practitioner(s): [Not to exceed 10]

OR

I hereby appoint the practitioners associated with the Customer Number: 087516

Please change the correspondence address for the above-identified application to:

Customer Number 087516
 Hamilton, Brook, Smith & Reynolds, P.C.
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 Concord, Massachusetts 01742-9133

Other

Please direct all telephone calls and facsimiles to:

Name David E. Brook, Esq. Tel. No. (978) 341-0036 Fax No. (978) 341-0136

I am the:

Applicant/Inventor.

Authorized representative of the Assignee, Fresenius Medical Care Holdings, Inc., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.

Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>S Blasberg</i>
Name & Title	Stacy Blasberg Assistant Intellectual Property Counsel
Date	7/16/10